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AUG 16 2007

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## FAX COVER SHEET

DATE: August 16, 2007

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## MESSAGE:

Application No.: 10/509,561  
Filed: 28 October 2005  
Inventor: Heinz Focke  
Art Unit: 3728  
Examiner: BUI, Luan Kim  
Atty. Dkt. No.: 048141.01600

Please see attached Transmittal Form, Part B – Fee Transmittal, Credit Card Payment Form and Change of Correspondence Address

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PTO/SB/21 (09-06)

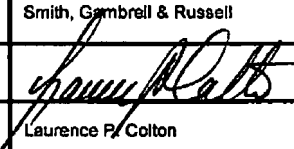
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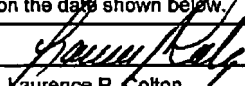
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/509,561
	Filing Date	10/28/2005
	First Named Inventor	Heinz Focke.
	Art Unit	3728
	Examiner Name	BUI, Luan Kim
Total Number of Pages in This Submission	Attorney Docket Number	48141.01600

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> Part B - Fee Transmittal Credit Card Authorization Form Change of Correspondence Address
<b>Remarks</b> The Issue Fee and Publication Fee (large entity) is being submitted prior to the deadline of 05 October 2007. If there are any questions, contact the attorney of record, Laurence P. Colton, at 404-815,3681.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Smith, Gambrell & Russell		
Signature			
Printed Name	Laurence P. Colton		
Date	August 16, 2007	Reg. No.	33,371

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